

*Massachusetts Division of Health Care Finance and Policy  
Health Safety Net Office*

**DHCFP-INET USER AGREEMENT  
Attachment A**

As an employee of \_\_\_\_\_ OR  
as an employee of a contractor of \_\_\_\_\_, I will be allowed to access  
*DHCFP-INET*, the data reporting system provided to \_\_\_\_\_ by the Division of Health  
Care Finance and Policy.

I promise that I will not disclose my *DHCFP-INET* user ID and password to any other person.

I promise that I will not attempt to access or look at *DHCFP-INET* data other than what is required to perform my  
job.

I promise that I will use any data I receive from *DHCFP-INET* only as permitted and only in furtherance of my job.

I promise that I will not share any data I receive from *DHCFP-INET* with others unless doing so is necessary to do  
my job.<sup>1</sup>

I promise that I will discuss data I receive from *DHCFP-INET* with others only as required to perform my job and  
will conduct such conversations only in non-public areas where I am unlikely to be overheard.<sup>1</sup>

I promise I will not disclose any data that I receive from *DHCFP-INET* to any third party unless I have specific  
written permission from my supervisor or the legal order of a court.<sup>1</sup>

I understand that the Division of Health Care Finance and Policy retains ownership of all data that resides in  
*DHCFP-INET*.

I hereby acknowledge I have read the above terms and conditions and agree to be bound thereby as a condition of  
access to and use of *DHCFP-INET*.

Print User Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ (Email address will be used to send User ID and Password)

User Signature: \_\_\_\_\_

User Phone: \_\_\_\_\_

Provider Organization: \_\_\_\_\_

Date: \_\_\_\_\_

City or Town Born in: \_\_\_\_\_

Pass Phrase : \_\_\_\_\_ (Please see Attachment B for list of typical Pass Phrases)

Answer: \_\_\_\_\_

<sup>1</sup> Note – these items in the User Agreement pertain to patient level confidential data only.

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**Attachment A (continued)**

Check the type of access for this User Agreement		
Check One	User Profile	Functions
<input type="checkbox"/>	Data Reporter's INET Administrator	The person responsible for the <i>DHCFP-INET</i> Administration (creates and maintains web user accounts online and via paper forms.) Also has the ability to: submit information, download, edit, view and print reports.
<input type="checkbox"/>	Data Reporter's Individual INET User	Ability to: submit information, download, edit, view and print reports.

Only check the submissions that **this user** will be submitting or have access to under this Agreement.  
HOSPITAL SUBMISSIONS

☐ Health Safety Net Claims (HSNO) ☐ Emergency Department Data

☐ Quarterly Hospital Financial Report ☐ Quarterly Hospital Beds Report ☐ Annual Hospital 403 Cost Report

☐ Hospital Inpatient Data(Casemix) ☐ Outpatient Observation Data

Name of Data Reporter (if User contracts with Data Reporter):\_\_\_\_\_

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**DHCFP-INET SECURITY PASS PHRASE  
Attachment B**

Pass phrases are used by the DHCFP helpdesk to ensure they are speaking with the correct person. When User's call for assistance and require using confidential information or sensitive issues, we will use this as one of the means to confirm the identity of the caller. Below is a list of the more frequently used questions.

Favorite singer?  
Favorite vacation location?  
Favorite sports team?  
Favorite hobby?  
Favorite pet's name?  
Favorite teacher's name?  
Anniversary date?  
Father's middle name?  
First child's middle name?  
Make, model and year of your first car?